

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2013 JUL 17 AM 9:15

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
URBAN PROGRESS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

P.O. BOX 257

Check if different than previously reported. (ACC)

WALTERBORO,

SC

29489-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00528661

3. IS THIS REPORT

☒ NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

✓ April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

M M / D D / Y Y Y Y

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

M M / D D / Y Y Y Y

Election on

in the State of

5. Covering Period

03 ^M ^M 31 ^D ^P 2013

through

06 ^M ^M 30 ^D ^P 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

BRIDGET L. MURRAY

Signature of Treasurer

Bridget Murray

Date

07 ^M ^M 05 ^D ^P 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

03 ' 31 ' 2013

To:

06 ' 30 ' 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 0000		0000
(b) Cash on Hand at Beginning of Reporting Period.....	00.00	
(c) Total Receipts (from Line 19)	00.00	00.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	00.00	00.00
7. Total Disbursements (from Line 31).....	00.00	00.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	00.00	00.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **03 ' 31 ' 2013** To: **06 ' 30 ' 2013**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	00.00	00.00
(ii) Unitemized	00.00	00.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	00.00	00.00
(b) Political Party Committees	00.00	00.00
(c) Other Political Committees (such as PACs).....	00.00	00.00
(d) Total Contributions (add Line 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	00.00	00.00
12. Transfers From Affiliated/Other Party Committees	00.00	00.00
13. All Loans Received	00.00	00.00
14. Loan Repayments Received	00.00	00.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	00.00	00.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	00.00	00.00
17. Other Federal Receipts (Dividends, Interest, etc.)	00.00	00.00
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	00.00	00.00
(b) Levin Funds (from Schedule H5)	00.00	00.00
(c) Total Transfers (add 18(a) and 18(b)) ..	00.00	00.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	00.00	00.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	00.00	00.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00.00	00.00
(ii) Non-Federal Share.....	00.00	00.00
(b) Other Federal Operating Expenditures	00.00	00.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00.00	00.00
22. Transfers to Affiliated/Other Party Committees.....	00.00	00.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00.00	00.00
24. Independent Expenditures (use Schedule E)	00.00	00.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00.00	00.00
26. Loan Repayments Made.....	00.00	00.00
27. Loans Made.....	00.00	00.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00.00	00.00
(b) Political Party Committees	00.00	00.00
(c) Other Political Committees (such as PACs).....	00.00	00.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00.00	00.00
29. Other Disbursements	00.00	00.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00.00	00.00
(ii) "Levin" Share.....	00.00	00.00
(b) Federal Election Activity Paid Entirely With Federal Funds	00.00	00.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	00.00	00.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	00.00	00.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00.00	00.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	00.00	00.00
34. Total Contribution Refunds (from Line 28(d))	00.00	00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	00.00	00.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00.00	00.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00.00	00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00.00	00.00

13031091652

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (or Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

13031091655

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

00.00

00.00

13031091654

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate
M M / D D / Y Y Y Y M M / D D / Y Y Y Y

Secured:

% (apr) ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE OF
 FOR LINE NUMBER:
 (check only one) ☐ 9
☐ 10

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0000
 0000
 0000
 0000

13031091657

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼

URBAN PROGRESS POLITICAL ACTION COMMITTEE

C00528661

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

M M / D D / Y Y Y Y

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary

☐ General

☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

M M / D D / Y Y Y Y

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary

☐ General

☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

0000
0000
0000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Bridget Murray

Date

07 / 05 / 2013

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (in Full) URBAN PROGRESS POLITICAL ACTION COMMITTEE					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee		
			Mailing Address		
			City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y		
City		State		Zip Code		Amount , , .
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____			
Aggregate General Election Expenditure for this Candidate ▶						

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y		
City		State		Zip Code		Amount , , .
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____			
Aggregate General Election Expenditure for this Candidate ▶						

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y		
City		State		Zip Code		Amount , , .
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____			
Aggregate General Election Expenditure for this Candidate ▶						

SUBTOTAL of Expenditures This Page (optional)..... ▶						00.00
TOTAL This Period (last page this line number only)..... ▶						00.00

13031091659

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and State Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒ or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>. %</p>	<p>NONFEDERAL %</p> <p>. %</p>

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		, , 00.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	, , .
ii) Generic Voter Drive	, , .
iii) Exempt Activities.....	, , .
iv) Direct Fundraising (List Activity or Event Identifier)	
a)	, , .
b)	, , .
c) Total Amount Transferred For Direct Fundraising	, , .
v) Direct Candidate Support (List Activity or Event Identifier)	
a)	, , .
b)	, , .
c) Total Amount Transferred For Direct Candidate Support.....	, , .
vi) Public Communications Referring Only to Party (Made by PAC)	, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	, , 00.00
TOTAL This Period (Generic Voter Drive)	, , 00.00
TOTAL This Period (Exempt Activities).....	, , 00.00
TOTAL This Period (Direct Fundraising)	, , 00.00
TOTAL This Period (Direct Candidate Support)	, , 00.00
TOTAL This Period (Public Communications Referring Only to Party)	, , 00.00
TOTAL This Period (Total Amount Transferred).....	, , 00.00

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full): URBAN PROGRESS POLITICAL ACTION COMMITTEE

FEC Schedule H4 (Form 3X) Rev. 12/2004

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED , , .
-----------------	--	-----------------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .
VOTER ID

ii) Voter ID

Total Amount Transferred for Voter ID.....

GOTV

iii) GOTV

Total Amount Transferred for GOTV

GENERIC CAMPAIGN ACTIVITY

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

, , .

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED , , .
-----------------	--	-----------------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

, , .
VOTER ID

ii) Voter ID

Total Amount Transferred for Voter ID.....

GOTV

iii) GOTV

Total Amount Transferred for GOTV

GENERIC CAMPAIGN ACTIVITY

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

, , *00.00*

TOTAL This Period (Voter ID)

, , *00.00*

TOTAL This Period (GOTV).....

, , *00.00*

TOTAL This Period (Generic Campaign Activity).....

, , *00.00*

TOTAL This Period (Total Amount of Transfers Received).....

, , *00.00*

13031091664

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign			
Mailing Address		Allocated Activity or Event Year-To-Date			
City	State	Zip Code	Date M M / D D / Y Y Y Y		
Purpose of Disbursement		Category/ Type			
FEDERAL SHARE		+	LEVIN SHARE	=	TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign			
Mailing Address		Allocated Activity or Event Year-To-Date			
City	State	Zip Code	Date M M / D D / Y Y Y Y		
Purpose of Disbursement		Category/ Type			
FEDERAL SHARE		+	LEVIN SHARE	=	TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign			
Mailing Address		Allocated Activity or Event Year-To-Date			
City	State	Zip Code	Date M M / D D / Y Y Y Y		
Purpose of Disbursement		Category/ Type			
FEDERAL SHARE		+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE TOTAL AMOUNT

TOTAL This Period for the Levin Share

LEVIN SHARE

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	, , 00.00	, , 00.00
(b) Unitemized	, , 00.00	, , 00.00
(c) Total	, , 00.00	, , 00.00
2. OTHER RECEIPTS.....	, , 00.00	, , 00.00
3. TOTAL RECEIPTS (Add Lines 1c and 2)	, , 00.00	, , 00.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	, , 00.00	, , 00.00
(b) Voter ID.....	, , 00.00	, , 00.00
(c) GOTV	, , 00.00	, , 00.00
(d) Generic Campaign.....	, , 00.00	, , 00.00
(e) Total.....	, , 00.00	, , 00.00
5. OTHER DISBURSEMENTS.....	, , 00.00	, , 00.00
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	, , 00.00	, , 00.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	, , 00.00	, , 00.00
8. RECEIPTS..... (from Line 3)	, , 00.00	, , 00.00
9. SUBTOTAL (Add Lines 7 and 8)	, , 00.00	, , 00.00
10. DISBURSEMENTS (From Line 6)	, , 00.00	, , 00.00
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	, , 00.00	, , 00.00

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

00.00
00.00

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SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE OF
 (check only one) ☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

URBAN PROGRESS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
Amount of Each Disbursement this Period , , .	
B. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
Amount of Each Disbursement this Period , , .	
C. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
Amount of Each Disbursement this Period , , .	
D. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
Amount of Each Disbursement this Period , , .	
E. Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City State Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M / D D / Y Y Y Y _____
Amount of Each Disbursement this Period , , .	

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

, , 00.00
 , , 00.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/10/13
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
Jm B	7/17/13
PREPARER	DATE PREPARED

(7/2013)

13031091669